

SEE THE DIFFERENCE WITH SURENCY VISION

| SURENCY VISION BENEFITS | | | |
|---|------------------------------------|------------------------------------|---|
| Service or Item | Basic Plan: Network | Enhanced Plan: Network | Both Plans: Non-Network |
| Eye Exams: Subject to \$50 Copayment | | | |
| Eye Exam, M.D. or O.D. | Covered in Full After Copayment | Covered in Full After Copayment | Up to \$38 |
| Eyeglasses: Subject to \$25 Materials Copayment | | | |
| Frame | Up to \$100 retail* | Up to \$150 retail* | Basic: Up to \$45 Enhanced: Up to \$78 |
| Single Vision Lenses, pair | Covered in Full After Copayment | Covered in Full After Copayment | Up to \$31 |
| Bifocal Lenses, pair | Covered in Full After Copayment | Covered in Full After Copayment | Up to \$51 |
| Trifocal Lenses, pair | Covered in Full After Copayment | Covered in Full After Copayment | Up to \$64 |
| Lenticular Lenses, pair | Covered in Full After Copayment | Covered in Full After Copayment | Up to \$80 |
| Progressive Lenses, pair | Not Covered | Covered up to \$165* | Not Covered |
| High Index Lenses, pair | Not Covered | Up to \$116 retail* | Not Covered |
| Polycarbonate Lenses, pair | Up to \$40 | Covered in Full | Not Covered |
| Scratch Coat | Up to \$15 | Covered in Full | Not Covered |
| UV Coat | Up to \$15 | Covered in Full | Not Covered |
| Contact Lenses: Not Subject to Materials Copayment | | | |
| Elective/Cosmetic Retail | Up to \$150 retail* | Up to \$150 retail* | Up to \$105 |
| When Medically Necessary | Covered in Full | Covered in Full | Up to \$105 |
| Contact Lens Exam Fitting Fee: \$35 Copayment | | | |
| Standard Contacts** | Covered in Full | Covered in Full | Not Covered |
| Specialty Contacts*** | 90% of charge; less \$55 allowance | 90% of charge; less \$55 allowance | Not Covered |

* You are responsible for any charges above the allowance.

** Standard contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical standard lens wearers include disposable, daily wear or extended wear lenses.

*** Specialty contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

NOTE: Members may use their benefit for contact lenses OR spectacle lenses once per year, however the members frame allowance can still be used if contact lenses are elected.